



877 Wilkes Avenue  
 Winnipeg, MB R3P 1B8  
 T: 204.989.6730  
 F: 204.487.7068  
 www.lindenchristian.org

## 2020-2021 APPLICATION FORM

FOR OFFICE USE ONLY

Last Name \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 Application Fee  
 Cheque # \_\_\_\_\_  Cash \_\_\_\_\_  E-transfer

**APPLICATION FOR ADMISSION TO:**

- Grade \_\_\_\_\_  
 Full Time Kindergarten  Part Time Kindergarten

**Please complete all sections of the application form. Ensure the following are included with your application:**

- \$50 non-refundable application fee per applicant (fee is transferable for one year).
- Current photo of student.
- Copy of birth certificate or passport.
- Copy of latest report card and high school transcript (if applicable).
- Acknowledgement of Doctrinal Statement of Faith signed by parent(s)/guardian(s).

**PLEASE LET US KNOW HOW YOU HEARD ABOUT LINDEN CHRISTIAN SCHOOL**

**Check all that apply**

- Internet/Website
- Facebook
- Grant Digital Display
- Event \_\_\_\_\_
- Billboard Advertising
- Instagram
- Radio
- Other \_\_\_\_\_
- Bus Bench Advertising
- Family/Friend
- Church
- Print Advertising
- Community Newspaper
- Word of Mouth

**STUDENT INFORMATION**

Date of Birth \_\_\_\_\_  
Month Day Year

Gender  Male  Female

Name \_\_\_\_\_  
Legal Last Legal First Legal Middle Name Commonly Used

Home Address \_\_\_\_\_  
Address City Province Postal Code

Home Phone \_\_\_\_\_ Primary Family Email \_\_\_\_\_

Citizenship/Immigration Status  Canadian Citizen  Permanent Resident  Parent Study/Work Permit

Language Spoken at Home \_\_\_\_\_ Country of Birth \_\_\_\_\_

Current School \_\_\_\_\_ City and Country \_\_\_\_\_

Does student have any medical conditions or allergies?  Yes  No

If yes, please explain \_\_\_\_\_

Has student received (please provide details on a separate paper)

- Resource/Special Ed Services
- IEP/AEP (please attach)
- Behavioural Support/BIP
- Level 2 or 3 Funding
- Counselling
- Gifted/Enrichment
- Formal Assessments (eg. Psychology, Speech, Physical Therapy, etc.)

## PARENT/GUARDIAN INFORMATION

Father /  Guardian

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
 same as student  
Address City

Province Postal Code

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

LCS Alumnus  Yes \_\_\_\_\_  
If yes, graduating year and last name, if different

Student's parents are:  Married  Separated  Divorced  Single  Widowed  Common-Law

Student lives with:  Both Parents  Father  Mother  Shared Custody  Guardian  Other \_\_\_\_\_  
If applicable, a copy of legal custody documents must accompany this application

Mother /  Guardian

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
 same as student  
Address City

Province Postal Code

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

LCS Alumna  Yes \_\_\_\_\_  
If yes, graduating year and last name, if different

## SIBLING INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

## CHURCH INFORMATION

Church Name \_\_\_\_\_

## OTHER INFORMATION

Reference Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
unrelated person who knows student well

**Linden Christian School exists primarily for the purpose of supporting the values and teaching of families that agree with our Doctrinal Statement of Faith. Families will be allowed to enrol based on their willingness to have their children taught according to the Doctrinal Statement of Faith of Linden Christian School (provided in a separate document). Acknowledgement of the Doctrinal Statement of Faith is required for the application form to be complete.**

The information submitted in this application is accurate to the best of my knowledge. Failure to disclose pertinent information (i.e. resource needs, medical issues, behavioural problems, past or present circumstances that may impact the overall well-being of the student and the school body) may result in the enrolment status of the student being reconsidered and/or the student being asked to leave during the academic year. I understand this policy is a means to ensure the integrity of the teaching environment and to ensure that LCS can plan for and provide adequate resource staffing for the entire student body. My signature below affirms my acknowledgement and agreement with the above.

Father/Guardian \_\_\_\_\_ Signature Date  
Mother/Guardian \_\_\_\_\_ Signature Date

LCS is committed to maintaining the privacy and confidentiality of information provided; personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the Individual, or as required by law, and any use of personal information shall be properly documented.